

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/564755**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	19	←		←
TOTAL CLAIMS			24			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
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97						
98						
99						
100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	5	←		←
TOTAL CLAIMS			5			